

☒ This form is attached to DV-100, Item 21.

1 Your name: _____

2 Name of person you want protection from (restrained person): _____

3 Describe the 2nd most recent abuse.

a. Date of 2nd most recent abuse: _____

b. Who was there? _____

c. What did the person in ② do or say to you that made you afraid? _____

d. Describe any use or threatened use of guns or other weapons. _____

e. Describe any injuries. _____

f. Did the police come? ☐ No ☐ Yes

If yes, did they give you an Emergency Protective Order? ☐ Yes ☐ No ☐ I don't know

Attach a copy if you have one.

Your name: _____

Case Number:

4 Describe other recent abuse.

- a. Date of other recent abuse: _____
- b. Who was there? _____

- c. What did the person in ② do or say to you that made you afraid? _____

- d. Describe any use or threatened use of guns or other weapons. _____

- e. Describe any injuries. _____

- f. Did the police come? ☐ No ☐ Yes
If yes, did they give you an Emergency Protective Order? ☐ Yes ☐ No ☐ I don't know
Attach a copy if you have one.

5 ☐ Describe other abuse against you or your children.

- ☐ *If you need more space, check the box and attach Form MC-020. Or attach a sheet of paper and write "DV-101 — Description of Abuse" at the top.*